CALIFORNIA FORM 700 S COMMISSION FAIR POLITICAL PRACTICES COMMISSION 10 MAR - 1 PM 4: 10

CEIVED POLIT STATEMENT OF ECONOMIC INTERESTS IS COMMISSION OF

COVER PAGE





Please type or print in ink

Candidate

Election Year: _

Piease	type or print in link.			<u> </u>
NAME	(LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE MINMERED
Buch	nanan	Joan		
	IG ADDRESS STREET ess Address Acceptable)	CITY	STATE ZIP CODE	OPTIONAL: E-MAIL ADDRESS
		_		
1 0	Office, Agency, or C	ourt	4. Schedule Summa	arv
	ne of Office, Agency, or Col		► Total number of pages	al y
1			including this cover pa	ge:
	ifornia State Legislature sion, Board, District, if appli	cohlo:	Observantiset Institute Institute	L. L
l	, , , , , , , , , , , , , , , , , , , ,	caple.	► Check applicable sched interests."	luies or "No reportable
	strict 15		I have disclosed interest	s on one or more of the
	r Position:		attached schedules:	
	semblymember		Schedule A-1 X Yes -	schedule attached
	filing for multiple positions, position(s): (Attach a sepa		Investments (Less than 10% O	
Age	ency:		Schedule A-2 Yes - Investments (10% or Greater C	
Pos	sition:		Schedule B Yes Real Property	schedule attached
				schedule attached Positions (Income Other than Gifts
		(Check at least one box)	and Travel Payments)	r contorns (medine other man dins
XS			Schedule D X Yes -	schedule attached
County of			Income – Gifts	
☐ City of			Schedule E Yes – schedule attached	
	Multi-County		Income – Gifts – Travel Pay	ments
	Other		-0	r-
			No reportable interest	s on any schedule
3. T	ype of Statement (Check at least one box)		
	Assuming Office/Initial	Date:/	5. Verification	
	Annual: The period covered through December 31, 2009		I have used all reasonab	le diligence in preparing this
	-Or		statement. I have reviewed	I this statement and to the best
(The period covered is		attached schedules is true a	ation contained herein and in any and complete.
	December 31, 2009. Leaving Office Date Left: _ Check one)		I certify under penalty of pe of California that the fore	rjury under the laws of the State going is true and correct.
(The period covered is January date of leaving office.	nuary 1, 2009, through the	Date Signed	-1-10
	-or-			(month day year)
(The period covered is the date of leaving office.		Signature	CORPORATION AND VOIL MILLS DUCTED

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
AON Corporation	Motorola
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Insurance Broker	Electronics
FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 SOver \$1,000,000 NATURE OF INVESTMENT	S100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT
Stock Other (Describe) Partnership Income of \$0 - \$500 Income Received of \$500 or More (Report on Schedule C)	Stock Other (Describe) Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/	
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Bank of America GENERAL DESCRIPTION OF BUSINESS ACTIVITY	Halo Fund GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Bankin	Venture Capital
FAIR MARKET VALUE	FAIR MARKET VALUE
	\$10,001 - \$10,000
NATURE OF INVESTMENT Stock ☐ Other	NATURE OF INVESTMENT Limited Partner ☐ Stock
(Describe)	(Describe) Partnership () Income of \$0 - \$500
Partnership O Income of \$0 - \$500 Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
JP Morgan Chase	Blackrock Global
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Banking	Energy
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Describe)
Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income of \$0 - \$500 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	/
	I
Comments:	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
First Eagle	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Mutual Fund	
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
Stock Other(Describe)	(Describe)
Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income of \$0 - \$500 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
IF APPLICABLE, CIGI DAIL.	II API EIGABLE, EIGT BATE.
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED
7,00011160	I South Education State of the
Comments:	

SCHEDULE D Income – Gifts

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	
Name	

► NAME OF SOURCE	► NAME OF SOURCE
Edison International	CAPP
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2244 Walnut Grove Ave.	1215 K Stret
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 / 17 / 09 \$ \$16.50 Holiday Ornament	05 , 26 , 09 s 200.00 California Roast Dinner
<u></u>	\$
\$	\$
NAME OF SOURCE	► NAME OF SOURCE
California Chamber	Microsoft Corporation
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1215 K Street, Ste. 1400	1415 L Street
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
10 , 29 , 09	05 , 28 , 09 _{\$} 71.59 Dinner
10 , 29 , 09	\$
10 , 29 , 09 _{\$} 12.90 Tour	
NAME OF SOURCE	► NAME OF SOURCE
Oracle Corporation	Family Winemakers
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1415 L Street	520 Capitol Mall, Ste. 260
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
04 / 25 / 09 _{\$} 125.00 Dinner	01 , 06 , 09 _{\$} 7.40 Beverage
	\$
\$	\$
Comments:	

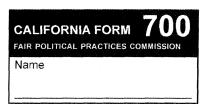
SCHEDULE D Income - Gifts



Joan Buchanan

► NAME OF SOURCE	► NAME OF SOURCE
Tech America	California Building Industry Assn.
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
455 Capitol Mall, Ste. 801	1215 K Street
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
05 / 13 / 09 \$ 10.00 Chocolate computer	04 / 15 / 09
05 / 28 / 09 \$ 71.59 Dinner	\$
▶ NAME OF SOURCE	► NAME OF SOURCE
Karen Bass for Assembly 2008	California Cable & Telco. Assn.
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
777 S. Figueroa St, Ste. 4050, Los Angeles	1001 K Street, 2nd Floor
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
01 / 26 / 09	05 04 09
01 , 08 , 09	\$
01 , 09 , 09	\$
▶ NAME OF SOURCE	► NAME OF SOURCE
California Democratic Party	Oracle Corp.
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1401 21st Street. Ste. 200 Sacramento	1415 L. Street BUSINESS ACTIVITY, IF ANY, OF SOURCE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
01 / 08 / 09 \$ 73.27 Dinner	05 / 25 / 09 \$ 125.00 DinnerTribute/A.Torres
	\$
	s
Comments:	· ·

SCHEDULE D Income - Gifts



▶ NAME OF SOURCE	► NAME OF SOURCE	
Home Depot	Personal Care Products Council	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
101 Constitution Ave., NW Washington, DC		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
01 / 06 / 09 \$ 37.09 Reception	04 / 01 / 09 s 14.00 Personal care product	
\$	\$	
\$	\$	
► NAME OF SOURCE	► NAME OF SOURCE	
Consumer Attys of California		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
770 L Street, Ste. 200		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
04 / 28 / 09	\$	
/\$	\$	
/\$		
► NAME OF SOURCE	► NAME OF SOURCE	
California State Employees Assn.		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
03 / 17 / 09 \$ 14.00 Ice Cream Social	\$	
\$	\$	
\$	\$ \$	
Comments:		

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2009 AT

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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

BY:

Comments: __

-2810 MAY 25 PM 3: 53

► NAME OF SOURCE	NAME OF SOURCE
Edison International	California Alliance for Patient Protection
ADDRESS	ADDRESS
2244 Walnut Grove Ave.	1215 K Street
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Power Company	Healthcare Organization
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 <u>17</u> 09 <u>\$ \$16.50</u> Holiday Ornament	05 26 09 200.00 California Roast Dinne
\$	\$
	\$
NAME OF SOURCE	► NAME OF SOURCE
California Chamber	Microsoft Corporation
ADDRESS	ADDRESS
1215 K Street, Ste. 1400	1415 L Street
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business organization	Software Company
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
10 , 29 , 09 \$ 98.65 Lunch and Reception	05 / 28 / 09
10 20 00 193 00 Dianage and Transport	
10 29 09 183.99 Dinner and Transport	
10 _/ 29 _/ 09 _{\$} 12.90 Tour	
10 / 20 / 00 \$ 12.00 10th	\$
NAME OF SOURCE	Verification
Oracle Corporation	Office, Agency ASSEM blymember
ADDRESS	Finit Name
1415 L Street	Office, Agency ASSCM DIVINCM DEC
BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Software Company	Statement Type 2008/2009 Annual Assuming Leaving Annual Candidate
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	(yr)
04 / 25 / 09 。 125.00 Dinner	I have used all reasonable diligence in preparing this statement. I have
04 20 00 \$ 120.00 Diffile	reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
/ (0	I certify under penalty of perjury under the laws of the State of
\$	California that the foregoing is true and correct.
	Date Signed
	(month, day, year)
	Simple was
	Signature

2009 AT SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

2010 HAY 25 PM 3: 53

> 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Halo Fund	
ADDRESS	ADDRESS
2458 Embarcadero Way Palo Alto, CA 94303	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Venture Capital	Bookless No HVI II, II TATI, OF GOOKSE
YOUR BUSINESS POSITION	VOLID BUOMEON BOOKEON
	YOUR BUSINESS POSITION
Investor	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Sale of	Sale of
(Property, car, boat, etc.)	(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other Interest Earned	
Other (Describe)	Other(Describe)
\	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
► 2. LOAN RECEIVED You are not required to report loans from commercial lend	사람들이 많아 하는 것이 되는 것이 없는 사람들이 함께 함께 가면 하고 있다면 하는 것이다.
retail installment or credit card transaction, made in the le members of the public without regard to your official statu regular course of business must be disclosed as follows:	
NAME OF LENDER	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS	OFCUPITY FOR LOAD
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
<u>\$500 - \$1,000</u>	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	
	Other
	Other(Describe)
Varification	Other (Describe)
Verification	(Describe)
Print Name Joan Buthanan Office, A	gency or Court ASSEmbly member
Print Name Jow Buthona Office, A Statement Type 2008/2009 Annual Annual Assu	gency or Court ASSEMBLY MCMber ming Leaving Candidate
Print Name Joan Buthanan Office, A	gency or Court ASSEMBLY MCMber ming Leaving Candidate
Print Name Jow Bulland Office, A Statement Type 2008/2009 Annual Assu I have used all reasonable diligence in preparing this statement. I have recontained herein and in any attached schedules is true and complete.	ingency or Court ASSCM DIY M CM bery ming Leaving Candidate eviewed this statement and to the best of my knowledge the information
Print Name Jow Buthon Office, A Statement Type 2008/2009 Annual Annual Assu I have used all reasonable diligence in preparing this statement. I have re	ingency or Court ASSCM DIY M CM bery ming Leaving Candidate eviewed this statement and to the best of my knowledge the information
Print Name Jow Bulland Office, A Statement Type 2008/2009 Annual Assu I have used all reasonable diligence in preparing this statement. I have recontained herein and in any attached schedules is true and complete.	ingency or Court ASSCM DIY MCMber Iming Leaving Candidate Eviewed this statement and to the best of my knowledge the information





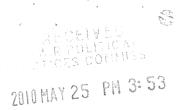
CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

2010 MAY 25 PM 3: 53

Comments: ___

► NAME OF SOURCE	► NAME OF SOURCE
Tech America	California Building Industry Association
ADDRESS	ADDRESS
455 Capitol Mall, Ste. 801	1215 K Street
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Technology Trade Association	Building Industry Trade Association
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
05 / 13 / 09 \$ 10.00 Chocolate Computer	04 / 15 / 09 \$ 93.75 Annual Leg. Dinner
05 / 28 / 09 _{\$} 71.59 <u>Dinner</u>	
\$	\$
NAME OF SOURCE	► NAME OF SOURCE
Karen Bass for Assembly 2008	California Cable and Telco. Association
ADDRESS	ADDRESS
777 S. Figueroa St., Ste. 4050, Los Angeles	1001 K Street, 2nd Floor
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Assemblymember	Cable Trade Association
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
01 , 26 , 09 _{\$} 59.55 <u>Dem. Dinner</u>	05 / 04 / 09 \$ 63.23 Reception
01 / 08 / 09 \$ 72.52 Jacket	/
01 / 09 / 09	\$
NAME OF SOURCE	Verification
California Democratic Party ADDRESS	Office, Agency Assembly member or Court
1401 21st Street, Ste. 200	Office, Agency Assembly member
BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Political Party	Statement Type 2008/2009 Annual Assuming Leaving
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	Annual Candidate
01 / 08 / 09 \$ 73.27 Dinner	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
	I certify under penalty of perjury under the laws of the State of California that the foregoing, is true and correct.
	Date Signed 5/20/18 (Month, day, year)
	Signature



Comments: ___



CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

► NAME OF SOURCE	► NAME OF SOURCE
Family Winemakers	Consumer Attys. of California
ADDRESS	ADDRESS
520 Capitol Mall, Ste. 260	770 L Street, Ste. 200
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Winemakers Trade Association	Consumer Attys. Trade Association
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
01 <u>06 09</u> \$ 7.40 Beverage	04 <u>28 09</u> <u>\$ 34.24 Reception</u>
/\$	\$
/\$	\$
NAME OF SOURCE	► NAME OF SOURCE
Oracle Corporation	California State Employees Association
ADDRESS	ADDRESS
1415 L. Street	1108 O Street
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Software Company	Labor Union
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
05 / 25 / 09 \$ 125.00 DinnerTribute/A.Torres	03 / 17 / 09 \$ 14.00 Ice Cream Social
/ \$	\$
/ \$	
▶ NAME OF SOURCE	Verification
Home Depot	Office, Agency ASSEMBLY MCMBER or Court
	Office Agency A CO Constant
101 Constitution Ave., Wash., D.C. BUSINESS ACTIVITY, IF ANY, OF SOURCE	or Court ASSEMDIYMEMBER
	Statement Type \$\frac{1}{2008/2009} \text{ Annual } Assuming \text{ Leaving}
Home Improvement Company DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	Annual Candidate
DATE (HIRINGULYY) VALUE DESCRIPTION OF SIFT(S)	I have used all reasonable diligence in preparing this statement. I have
01 / 06 / 09 \$ 37.09 Reception	reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
	Date Signed S/20/10 (month, day, year)
	Signature _





CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

2010 MAY 25 PM 3: 53

Comments: ____

► NAME OF SOURCE	► NAME OF SOURCE
Personal Care Products Council	
ADDRESS	ADDRESS:
1101 17th Street, NW, Suite 300, Washington D.C	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cosmetics Trade Association	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
04 / 01 / 09 \$ 14.00 Personal care product	\$
/ \$	\$
\$	\$
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS	ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	
/\$	/\$
	\$
NAME OF SOURCE	Verification (5) (1) (1) (1) (1)
ADDRESS	Office, Agency ASSEMBLY MEMBER or Court ASSEMBLY MEMBER
	Office, Agency ASSEMBLY MEMBER
BUSINESS ACTIVITY, IF ANY, OF SOURCE	Statement Type \$\sqrt{2008/2009 Annual \sqrt{Assuming \sqrt{Leaving}}
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	Annual Candidate
/ \$	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
	Date Signed
	Signature